



November 8, 2019

Ms. Angela Dohrman
Senior Vice President/COO
SpiriTrust Lutheran
Personal Care Residence
800 Bollinger Drive
Shrewsbury, Pennsylvania 17361

RE: Spiritrust Lutheran The Village at Shrewsbury
Personal Care Residence
Certificate #: 310270

Dear Ms. Dohrman:

As a result of the Department's Bureau of Human Services Licensing annual inspection on April 4, 2019 and April 29, 2019 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation reports were found.

All citations specified on the enclosed violation reports must be corrected by the dates specified on each violation report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read "Kevin Hancock".

Kevin Hancock
Deputy Secretary
Office of Long-term Living

Enclosure
Violation Reports

Violation Report: 31027 - 04/04/2019 - Hoover, Douglas
PCH Name: SPIRITRUST LUTHERAN THE VILLAGE AT SHREWSBURY

1. REGULATION 55 Pa.Code §2600
 2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION
 The narcotic log book was unlocked and unattended in the left pocket on the medication cart by Room #203. Confidential information such as the resident's name, medication, pharmacy and physician was accessible to anyone in the hallway.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

- 1. Plan of Correction for violation of Regulation 55 Pa.Code §2600.17**
1. This regulation is important because it ensures the confidentiality of resident records and adherence to HIPAA policies.
 2. This regulation was violated because the facility's narcotic book was kept in an unlocked bin attached to the medication cart, thus confidential information could potentially be accessible to anyone in the hallway if the nurse is not present at the cart.
 3. The cause of this violation stems from historic practice of keeping the narcotic book in that location. No violations were issued in the past for this practice and it didn't occur to anyone before that this was not best practice.
 4. When it was identified that current storage of the narcotic book made confidential records potentially accessible to others, they were transferred to a secure location in new medication carts. These new carts have locked drawers where the narcotic book will be kept going forward.
 5. Compliance with keeping the narcotic book in the locked drawer will be ensured during other routine audits of medication administration and documentation practices. Any issues observed will be brought to the Quality Management meeting for review and further recommendations.

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| Repeat Violation: No | Date(s) of Previous Violation(s): | | |
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Signature of Legal Entity Representative
 (Required on EVERY Page)

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| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>ELIZABETH MURPHY PCNA</i> | Date <i>05-29-19</i> |
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

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|---|---|
| The above plan of correction is approved as of <u>7/23/19</u> (Date) | Plan of correction implementation status as of <u>7/23/19</u> (Date) |
| The above plan of correction was approved by <u>GE</u> (Initials) | <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented |

Violation Report: 31027 - 04/04/2019 - Hoover, Douglas
PCH Name: SPIRITRUST LUTHERAN THE VILLAGE AT SHREWSBURY

1. REGULATION 55 Pa.Code §2600
2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION
There was a bottle of "Everstrong Creapure Creatine" in Resident #2's bedroom. The facility was unaware of the medication. It was not included on the resident's Medication Administration Record.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

1. This regulation is important to ensure that PCP's and the facility are aware of what medications, supplements or treatments are currently being used by residents, that they are able to safely self-administer those medications or treatments and that they are kept secure to ensure the safety of other residents.
2. This regulation was violated because a resident had ordered a supplement off a television ad and had not alerted the facility to the purchase, nor did any team member notice the bottle present in her room.
3. Upon citation, the supplement was removed from the room and the resident was re-educated on the procedure for having supplements in her room.
4. Residents will be reminded of the facility policy for having medication items or treatments in their rooms during resident council meetings. This policy will be reinforced with family members during quarterly family meetings. Team members will be asked to look for medications and treatments while in resident rooms providing housekeeping services or resident care and alert the Charge Nurse if they identify a medication present in a room.
5. Audits of resident rooms will be conducted quarterly and during the facility safety tours.
6. Audits will be brought to Quality Management for review and further recommendations.

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Signature of Legal Entity Representative
(Required on EVERY Page)

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| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>EVIE NEVINS PCHA</u> | Date <u>05-29-19</u> |
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Violation Report: 31027 - 04/04/2019 - Hoover, Douglas
PCH Name: SPIRITRUST LUTHERAN THE VILLAGE AT SHREWSBURY

1. REGULATION 55 Pa.Code §2600
 2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION
 The glucometer for Resident #3 was not calibrated for the date and time and was missing blood sugar readings that did not correlate with the Medication Administration Record (MAR). Examples are as follows:
 The MAR had a blood sugar reading of 178 on 4/4/2019 at 11:48 am with no corresponding glucometer reading, date or time
 The MAR had a blood sugar reading of 128 on 4/4/2019 at 9:11 am with no corresponding glucometer reading, date or time
 The MAR had a blood sugar reading of 200 on 4/3/2019 at 9:11 pm with a glucometer date of 3/1/2019 at 2:17 am
 The MAR had a blood sugar reading of 128 on 4/3/2019 at 4:24 pm with a glucometer date of 2/28/2019 at 9:29 pm

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately include dates by which the steps will be completed

1. This regulation is important to ensure safe and proper administration of medications and accurate documentation of nursing care provided.
2. This regulation was violated because a resident's glucometer was not calibrated for the proper date and time and readings on the glucometer did not match readings documented in the MAR.
3. The cause of this violation stems from the glucometer not holding calibration once it was programmed and it was not noticed by any nursing team member, transcription errors when nursing staff were entering blood sugar readings into the computer and failure to document when extra readings were obtained.
4. Upon discovery of the faulty glucometer, a new one was purchased for the resident. Nursing staff were educated on the importance of documenting ALL blood sugar readings and how to add those into the EMAR.
5. Nightshift nursing team members will conduct nightly audits of glucometers and EMAR documentation. They will report any findings to the Director of Resident Care and correct the inaccuracies.
6. Audits will be brought to Quality Management for review and further recommendations

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Signature of Legal Entity Representative
 (Required on EVERY Page)

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| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Erica Neuring, RN WA</u> | Date <u>05-29-19</u> |
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42c - Treatment of Residents

Regulations

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

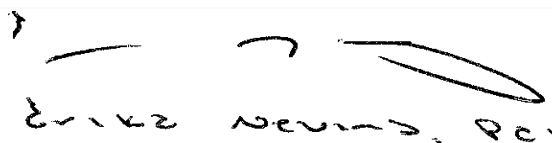
On 4/15/2019, at approximately 9:00 pm, Direct Care Staff Member A told Resident #1: "No you need to do everything yourself or we're going to send you up to the nursing home." Direct Care Staff Member A refused to assist Resident #1 with toileting needs.

Direct Care Staff Members B and C reported, in written statements, that Resident #1 told them that Direct Care Staff Member A had been "rude and disrespectful" to her.

Plan of Correction (POC)

1. This regulation is important because it is a resident right to be treated with dignity and respect and it is our role to make sure those rights are being respected.
2. This regulation was violated by a night shift nursing team member who made negative comments to a resident that made her feel like she was being threatened to be transferred to skilled nursing because she needed assistance in the bathroom.
3. When the incident was reported, verbal abuse protocol was followed with the team member in question being suspended pending investigation. York Area Agency on Aging and DHS were notified, in addition to the resident's POA and physician. During the course of the investigation, verbal abuse was substantiated and the team member was terminated.
4. All team members are currently educated about residents rights and treatment of residents upon hire, during annual Relias training and during annual half day inservice sessions. Resident rights has also been added as a standing agenda topic for monthly nursing meetings. An inservice regarding appropriate and respectful interactions with residents will be scheduled in the month of June for all departments. The PCHA will monitor interactions for appropriateness and respect of residents rights and take appropriate action in the event a resident's rights have been violated.

Legal Entity Representative



05-29-2019

Signature

Printed Name and Title

Date

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(Date)

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(Date)

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